DPH Guidance for Management of Persons with Suspected COVID-19 Exposure, Discontinuation of Home Isolation and Return to Work

*This document is intended to serve as guidance for discontinuation of home isolation as well as return-to-work guidance for persons with suspected, presumed, or confirmed coronavirus disease 2019 (COVID-19) infection in the state of Delaware. Due to the dynamic nature of information which continues to emerge about COVID-19 and the virus that causes it (*severe acute respiratory syndrome coronavirus 2, shortened to SARS-CoV-2*), this information is subject to change.*

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Depending on the clinical suspicion of COVID-19, *symptomatic* persons under investigation (PUIs) for whom an initial rRT-PCR test is negative may be candidates for removal of any isolation and travel restrictions immediately. Asymptomatic persons should not undergo testing at this time as a negative result does not preempt the requirement for self-isolation completion.

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I. Management of Potential Exposure in a Health Care Setting

This guidance applies to exposures in a health care setting to persons with confirmed COVID-19, or a person who is diagnosed empirically with COVID-19 without confirmatory testing.

High-risk exposures refer to those who have had prolonged (more than 10 minutes) close contact with persons infected with COVID-19 who were not wearing a facemask, while the nose and mouth of the employee were possibly exposed to secretions potentially infectious with the virus causing COVID-19. Being present in the room for procedures that generate aerosols or during which respiratory secretions are likely to be poorly controlled (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction) on persons infected with COVID-19 when the healthcare providers' eyes, nose, or mouth were not protected, is also considered *high-risk*.

Medium-risk exposures generally include those who had prolonged (more than 10 minutes) close contact with persons infected with COVID-19 who were wearing a facemask, while their own nose and mouth were possibly exposed to secretions potentially infectious with the virus causing COVID-19. Some *low-risk* exposures are considered *medium-risk* depending on the type of care activity performed. For example, those who were wearing a gown, gloves, eye protection and a facemask (instead of a respirator) during an aerosol-generating procedure would be considered to have a medium-risk exposure. If an aerosol-generating procedure had not been performed, they would have been considered *low-risk.*

Low-risk exposures generally refer to brief interactions with persons infected with COVID-19 or prolonged close contact with persons who were wearing a facemask for source control while the caregiver was wearing a facemask or respirator. Use of eye protection, in addition to a facemask or respirator, would further lower the risk of exposure.

High- or medium-risk category should undergo active monitoring, including restriction from work in any healthcare setting until 14 days after their last exposure. If they develop any fever (measured temperature $\geq$ 99.5^{o}F or subjective fever) OR other symptoms consistent with COVID-19 (e.g., cough, shortness of breath, sore throat, shaking chills, myalgias) they should immediately self-isolate (separate themselves from others) and notify DPH OIDE at 1-888-295-5156 and their healthcare facility promptly so that they can coordinate consultation and PCR testing for COVID-19 if indicated.

***Low-risk* category** should perform self-monitoring with delegated supervision until 14 days after the last potential exposure. *Asymptomatic persons in this category are not restricted from work.* They should check their temperature twice daily and remain alert for other symptoms consistent with COVID-19 (e.g., cough, shortness of breath, sore throat, shaking chills, myalgias). They should ensure they are afebrile and asymptomatic before leaving home and reporting for work. If they do not have fever or respiratory symptoms they may report to work. If they develop fever (measured temperature $\geq$ 99.5°F or subjective fever) OR other suspected COVID-19 symptoms they should immediately self-isolate (separate themselves from others) and notify DPH OIDE (302-744-4990 or reportdisease@delaware.gov) and their healthcare facility promptly so that they can coordinate consultation and PCR testing for COVID-19 if indicated.

Healthcare facilities should consider measuring temperature and assessing symptoms of all employees prior to starting work. Alternatively, facilities could consider having employees report temperature and symptoms to occupational health prior to starting work. Modes of communication may include telephone calls or any electronic or internet-based means of communication.

Facilities could consider allowing asymptomatic employees who have had an exposure to a person infected with COVID-19 to continue to work after options to improve staffing have been exhausted and in consultation with their occupational health program. These employees should still report temperature and absence of symptoms each day prior to starting work. Facilities should have exposed employees wear a facemask while at work for the 14 days after the exposure event if there is a sufficient supply of facemasks. If the employee develops even mild symptoms consistent with COVID-19, they must cease patient care activities, don a facemask (if not already wearing), and notify their supervisor or occupational health services prior to leaving work. Facility occupational health or infection prevention personnel should consider restricting the employee with exposure from high-risk patient care areas, including but not limited to: NICU, units housing immunosuppressed non-COVID-19 patients, or other fragile patient populations.

II. Management of Potential Exposure in a Community Setting

This guidance applies to a potential exposure in a community setting to persons with confirmed COVID-19.

Close contact is defined as:

a) being within approximately 6 feet (2 meters) of a COVID-19 infected person for a prolonged period of time (more than 10 minutes) (such as caring for or visiting the person infected with COVID-19, or sitting within 6 feet of the person infected with COVID-19 in a healthcare waiting area or room); close contact can occur while caring for, living

with, visiting, or sharing a healthcare waiting area or room with a person infected with COVID-19.

– or –

b) having direct contact with infectious secretions of a COVID-19 infected person (e.g., being coughed on)

High risk: Living in the same household as, being an intimate partner of, or providing care in a nonhealthcare setting (such as a home) for a person with symptomatic laboratory-confirmed COVID-19 infection ***without using recommended precautions*** for home care and home isolation.

Medium-risk: Close contact with a person with symptomatic laboratory-confirmed COVID-19

- On an aircraft, being seated within 6 feet (two meters) of a traveler with symptomatic COVID-19 infection; this distance correlates approximately with 2 seats in each direction
- Living in the same household as, being an intimate partner of, or providing care in a nonhealthcare setting (such as a home) for a person with symptomatic COVID-19 infection ***while consistently using recommended precautions*** for home care and home isolation.

Low-risk: Being in the same indoor environment (e.g., a classroom, a hospital waiting room) as a person with symptomatic COVID-19 for a prolonged period of time (greater than 10 minutes) but not meeting the definition of close contact; **OR** interactions with a person with symptomatic laboratory-confirmed COVID-19 infection that do not meet any of the high-, medium- or low-risk conditions above, such as walking by the person or being briefly in the same room.

High-risk category exposures should be directed to quarantine (voluntary or under public health orders) in a location to be determined by public health authorities for 14 days.

- No public activities.
- Daily active monitoring, if determined appropriate by public health.

Medium-risk category exposures should be recommended to remain at home or in a comparable setting, and not permitted to return to work for 14 days.

- Practice social distancing
- Self-monitoring by the employee

Low-risk category exposures have no restriction on movement and should practice self-monitoring. Facilities could consider allowing asymptomatic employees who have had an exposure to COVID-19 to continue to work after options to improve staffing have been exhausted and in consultation with their occupational health program (if one is available).

- They should still report temperature and absence of symptoms each day prior to starting work.
- Exposed employees could be required to wear a facemask (healthcare workers) or cloth face covering (non-healthcare workers) while at work for the 14 days after the exposure event if there is a sufficient supply of facemasks.
    - If the employee develops even mild symptoms consistent with COVID-19, they must cease patient care activities, don a facemask (if not already wearing), and notify their supervisor or occupational health services prior to leaving work.
- If person is a healthcare worker, facility occupational health or infection prevention personnel should consider restricting the employee with exposure from high-risk patient care areas, including but not limited to: NICU, units housing immunosuppressed non-COVID-19 patients, or other fragile patient populations.

III. Discontinuation of Home Isolation/Return to Work for SYMPTOMATIC Persons with CONFIRMED or SUSPECTED COVID-19

Options include a time-since-illness-onset and time-since-recovery ("symptom-based") strategy and a "test-based" strategy.

<u>Time-since-illness-onset and time-since-recovery strategy ("symptom-based" strategy)</u>

Persons with *CONFIRMED* or *SUSPECTED* COVID-19 who have symptoms and were directed to care for themselves at home may discontinue home isolation under the following conditions:

- At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and,**
- At least 10 days have passed *since symptoms first appeared*.

After discontinuation of home isolation, persons must continue to avoid sustained close contact with others, maintain strict social distancing and hand hygiene, and not return to work for an additional 4 days (for a total of 7 days without symptoms) due to the possible risk of continued infectiousness. Persons may return to work after this 7-day symptom free period however should continue to recognize the risk of infectiousness and self-monitor for symptoms.

"Test-based" strategy (simplified from initial protocol)

A test-based strategy is contingent on the availability of ample testing supplies and laboratory capacity as well as convenient access to testing. At this time, test-based strategy should ONLY be employed for persons with *CONFIRMED* COVID-19 infection.

Persons who have *CONFIRMED* COVID-19 who have symptoms and were directed to care for themselves at home may discontinue home isolation and return to work under the following conditions:

- Resolution of fever without the use of fever-reducing medications **and**
- Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
- Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart (total of two negative specimens)

IV. Healthcare Personnel, Critical Infrastructure Personnel, and Essential Services Workers

Critical infrastructure personnel/essential services workers should practice self-monitoring. DPH recommends that individual risk assessments for COVID-19 exposures based on setting, personnel, and type of activity be performed:

•Pre-Screen: Employers should measure the employee's temperature and assess symptoms prior to them starting work. Ideally, temperature checks should happen before the individual enters the facility.

•Regular Monitoring: As long as the employee doesn't have a temperature or symptoms, they should self-monitor under the supervision of their employer's occupational health program (if available).

•Wear a Mask: The employee should wear a face mask at all times while in the workplace for 14 days after last exposure. Employers can issue facemasks or can approve employees' supplied cloth face coverings in the event of shortages.

•Social Distance: The employee should maintain 6 feet and practice social distancing as work duties permit in the workplace.

•Disinfect and Clean Workspaces: Clean and disinfect all areas such as offices, bathrooms, common areas, shared electronic equipment routinely.

Healthcare personnel and critical infrastructure/essential services workers may be allowed to return to work 3 days following fever resolution and improvement in respiratory symptoms while wearing a mask after options to improve staffing have been exhausted [facilities have self-identified as operating under crisis staffing patterns] and in consultation with their occupational health program (if available). These employees should still report temperature and absence of symptoms each day prior to starting work. Facilities should have employees wear an appropriate face covering (i.e. medical facemask for direct patient care workers or cloth face covering for all others) while at work for the 14 days following fever resolution and improvement in respiratory symptoms. If the employee develops even mild symptoms consistent with COVID-19, they must cease work activities, wear a face covering (if not already wearing), and notify their supervisor or occupational health services prior to leaving work.

Facility occupational health or infection prevention personnel should consider restricting healthcare personnel employees returning following isolation discontinuation from high-risk patient care areas, including but not limited to: NICU, units housing immunosuppressed non-COVID-19 patients, or other fragile patient populations. Returning healthcare personnel may be directed to care for COVID-positive patients.

V. Discontinuation of Home Isolation/Return to Work for ASYMPTOMATIC Persons with CONFIRMED COVID-19

Individuals with *CONFIRMED* COVID-19 who have **not** had any symptoms may discontinue home isolation when at least 10 days have passed since the date of their first positive COVID-19 diagnostic test **and** have had no subsequent illness. If there has been illness subsequent to first positive test, the individual must proceed according to the guidance for symptomatic persons with confirmed COVID-19 above.

VI. Immunity and Re-infection

The immune response, including duration of immunity, to COVID-19 infection is not yet understood. It is not yet known whether similar immune protection will be observed for persons infected with COVID-19 as seen with MERS-CoV and SARS-CoV-1 infections.

If there is a new exposure the quarantine process and evaluation should be restarted.

VI. Flowcharts

Figure 1. Flow for isolation discontinuation (symptom-based strategy) and return to work for non-health care personnel, essential services workers, or critical infrastructure personnel.

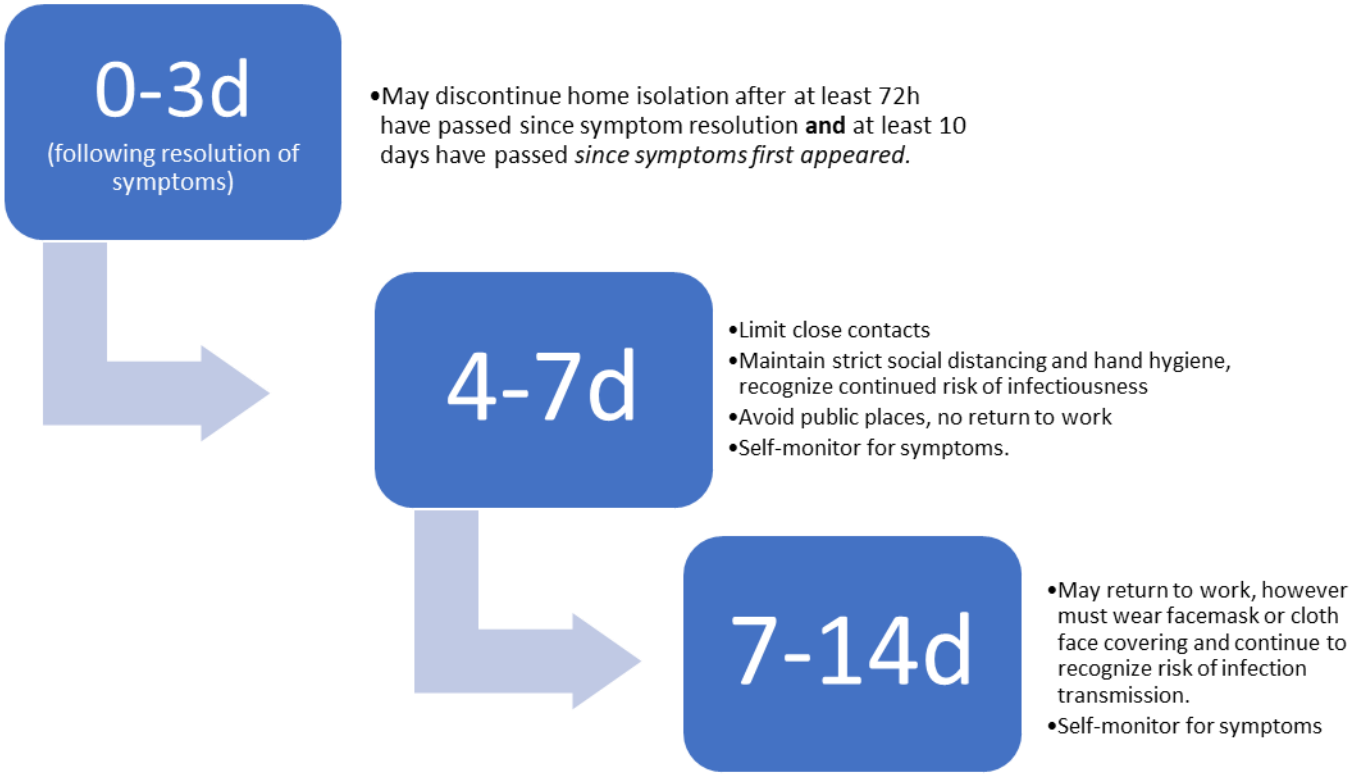

Figure 2. Flow for isolation discontinuation (symptom-based strategy) and return to work for health care personnel, essential services workers, and critical infrastructure personnel when deemed under crisis staffing patterns.